

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155802</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>02/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1 SISTERS OF PROVIDENCE</b> <b>SAINT MARY OF THE WO, IN 47876</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/10/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/05/14</p> <p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Providence Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original North/South wing was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility is located in two, one story buildings: the North-South and the East-West, connected by a thirty foot corridor. The buildings were determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors, and hard wired smoke detectors in the resident sleeping rooms. The facility has a capacity of 68 residents and had a census of 53 at the time of this survey.</p> <p>All areas where the residents have customary</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 access were sprinklered. All areas providing facility services were sprinklered except the detached generator room which was not sprinklered.	{K 000}			
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/14. INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/10/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 02/05/14  Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840  Surveyor: Bridget Brown, Life Safety Code Specialist  At this PSR Code survey, Providence Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The East/West wing and therapy suite were surveyed with Chapter 18, New Health Care Occupancies.  The East/West wing is connected by a thirty foot corridor to the north/south building. The facility was determined to be of Type V (111) construction and fully sprinklered. The facility has	{K 000}			

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